



**CITY OF DAHLONEGA**  
465 Riley Road  
Dahlonega, Georgia 30533  
Phone: 706-864-6133 • Fax: 706-864-4837

## **OCCUPATIONAL TAX CERTIFICATE PROCEDURE**

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1. Complete the Occupational Tax Certificate documents listed below and submit the Document packet with the appropriate payment to: **City of Dahlonega, 465 Riley Road, Dahlonega, GA 30533**

Complete the Occupational Tax Certificate Application.

Complete the Affidavit Verifying Status for City Public Benefit (SAVE Affidavit).

Complete the SAVE Affidavit, a copy of secure and verifiable documents is required:

- Photo ID (ex. driver's license, passport, military identification).
- If you are a resident alien, you must provide documentation from Homeland Security (ex. Permanent Residence Card or Employment Authorization Card).

Complete the Private Employer E-Verify Affidavit.

Complete the Georgia Department of Revenue Official Addendum to Business Occupancy License Application.

Other documents (if applicable): State License, Food Service Permit (phone #706-867-2730), Department of Agriculture Certificate (Phone #404-656-3600), Health Department Permit, Fire Marshal (phone #706-864-3030).

Water and sewer services may be applicable depending upon location. Ordinance 2020-13 states residential or commercial solid waste service is required depending upon certain locations. Applicable utility forms are available at the front desk.

*Depending upon your type of business, you may be required to have certain other documentation prior to the issuance of a Business Occupational Tax Certificate:*

- A. Federal Employer Identification Number (F.E.I. #)  
Provide this number to the City of Dahlonega on the Business Occupational Tax Certificate Application.
- B. Georgia Sales Tax Number  
Provide this number to the City of Dahlonega on the Georgia Department of Revenue Official Addendum to Business Occupational Certificate Application form at the time of application.

- C. State Licenses and Certifications  
Certain professions are required to obtain licenses/certifications from the State of Georgia. A few examples of these professions are Plumbers, Electricians, Heating/Air Conditioning Contractors, Attorneys, Physicians, Cosmetologists and Salons.

2. Once the application documents are verified, a representative from the **City Clerk office** will be in contact to discuss the appropriate documents listed below for your business situation:

1. Zoning Classification - (required for all Commercial Locations)
2. Life and Safety Certificate Lumpkin County Fire Department (required for all Commercial Locations)
3. Home Office Affidavit (required for operating an In-Home Office)

***Documents (1 & 2) for Commercial Locations are required and must be obtained before the applicant can receive the Business Occupational Tax Certificate.***

***Document (3) for In-Home Office applicants is required before an applicant can receive a Home Occupational Tax Certificate.***

Once the total application packet has been approved, your completed application packet will be returned to the Finance Department for the final step in the process. At that time, a Business Occupational Tax Certificate will be created and mailed to the address on your application.



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## OCCUPATIONAL TAX CERTIFICATE APPLICATION

**Owner of Building:** \_\_\_\_\_ **Zoning District \*** \_\_\_\_\_  
(Attach evidence of ownership or a current lease between the applicant and owner of building)

Business is:  
 New\*\*  Existing w/ Address Change  Existing w/Name Change  Other Specify \_\_\_\_\_

\*\*Proposed Opening Date if New Business: \_\_\_\_\_

Type of Ownership:  
 Sole Proprietorship  Partnership  Corporation  Other Specify \_\_\_\_\_

Business Name (as listed on state/federal licenses): \_\_\_\_\_

Name and Title of Contact/ Applicant: \_\_\_\_\_

Business Location Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Business Phone Number \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Website: \_\_\_\_\_

Business Owner/Name and Address/Phone and Email (if different than applicant):

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Email: \_\_\_\_\_

Describe your Type of Business: (if this business requires additional license attach a copy)

\_\_\_\_\_  
\_\_\_\_\_

Federal Employer Identification (FEI) \_\_\_\_\_

Georgia Sales Tax: \_\_\_\_\_

Check One:

Is this a home occupation?  Yes  No If this is a home occupation, it must conform to Ordinance 91-9, Section 713.

Check One:

Is this business exempt from paying Occupation Tax based on Chapter 30, Article III, Section 30-71 and 30-78 of the City of Dahlonega Code of Ordinances?

Yes  No If yes, proof of exemption must be returned with this application.

**FEE REQUIREMENTS:**

**SECTION 3.** Regulatory fee structure.

A regulatory fee will only be imposed as provided under OCGA § 48-13-9 on those applicable businesses. Regulatory fees are payments as an aid to regulation of an occupation, profession, or business.

**SECTION 4.** Occupation tax levied; restrictions.

An occupation tax shall be levied upon those businesses and practitioners of professions and occupations with one (1) or more locations or offices within the corporate limits of the City of Dahlonega and upon the applicable out-of-state businesses with no location or office in Georgia pursuant to OCGA § 48-13-7 based upon the following criteria:

- (a) Number of full-time equivalent employees of the business or practitioner, determined as follows: *(for calculating full time employees, include owners who perform work at the business; To calculate the number of equivalent full-time employees, multiply the total number of hourly employees of the business, times the total number of hours worked by all hourly employees during a year. Then divide the total number of hours worked in a year by 2080 to determine the total number of equivalent full time hourly employees of the business. Owners(s), salaried employees, and full-time employees should be counted at 40 hours per week)*

Number of Employees: \_\_\_\_\_

- (b) The occupation tax levied shall be based upon the following table:

| Tax Table           |            |
|---------------------|------------|
| Number of Employees | Tax Amount |
| 0-1                 | \$150      |
| 2-2                 | \$170      |
| 3-4                 | \$210      |
| 5-7                 | \$260      |
| 8-10                | \$330      |
| 11-15               | \$400      |
| 16-20               | \$440      |
| 21-27               | \$490      |
| 28-35               | \$540      |
| 36-50               | \$630      |
| 51-75               | \$790      |
| 76-100              | \$900      |
| 101-150             | \$1,200    |
| 151-200             | \$1,400    |
| 201+                | \$1,800    |

License Fee: \$ \_\_\_\_\_

**SECTION 8.** Professionals as classified in OCGA § 48-13-9 (c), paragraphs 1 through 18.

- (a) The occupation tax-based on number of employees.

I have read and understand the Occupation Tax Ordinance and the information on this application is true and correct.

\_\_\_\_\_  
Contract/Applicant's Signature

\_\_\_\_\_  
Date



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**PRIVATE EMPLOYER E-VERIFY AFFIDAVIT**

Under Georgia Law, employers must register and utilize the FEDERAL WORK AUTHORIZATION PROGRAM in accordance with the applicable provisions and deadlines established in OCGA § 36-60-6(a). For more information, please visit [www.uscis.gov/everify](http://www.uscis.gov/everify). The City of Dahlonega will not issue initial licenses, certificates, or renewals without a completed Private Employer Affidavit on file.

By executing this affidavit under oath, as an applicant for a business occupation tax certificate as referenced in O.C.G.A. § 36-60-6(d), from the City of Dahlonega, the undersigned applicant representing the private employer known as \_\_\_\_\_ *printed name of private employer – individual, firm or corporation* verifies one of the following with respect to my application for a business occupation tax certificate:

- (A) \_\_\_\_\_ **11 or more employees**  
*You must provide the Federal Work Authorization number. This document must be completed, notarized, and returned with the business occupation tax application/renewal.*

PLEASE PROVIDE THE BELOW INFORMATION:

Employment Verification (E-Verify) Number (4 - 6 digits)                      Date of Authorization

- (B) \_\_\_\_\_ **10 or fewer employees – automatically exempt from participation in E-Verify program.**  
*This document must be notarized and returned with the business occupation tax application/renewal.*

Furthermore, I, as the applicant, affirmatively state that (unless exempt) the employer has registered with and utilizes the federal work authorization program in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-90.

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties allowed by such statute. Executed on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ in \_\_\_\_\_(city), \_\_\_\_\_(state).

\_\_\_\_\_  
Signature of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME ON  
THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Printed Name and Title of Authorized Officer or Agent

\_\_\_\_\_  
Notary Public  
My Commission Expires:



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**PUBLIC BENEFIT AFFIDAVIT**

By executing this affidavit under oath, as an applicant for a City of Dahlonega, Occupational Tax Certificate, Alcohol License, or other public benefits as referenced on O.C.G.A. Section 50-36-1, from the City of Dahlonega, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

1. \_\_\_\_\_ I am a United States Citizen
2. \_\_\_\_\_ I am a legal resident of the United States
3. \_\_\_\_\_ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality

Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is:

\_\_\_\_\_  
Alien Number

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. Section 50-36-1 (e)(1), with this affidavit. The secure and verifiable document provided with this affidavit can be classified as:

\_\_\_\_\_  
Name of Verifiable Document

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false fictitious, or fraudulent statement or representation in a affidavit shall be guilty of a violation of O.C.G.A Section 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in Dahlonega, Georgia on this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_.

Subscribed and sworn before me on this day of

Signature of Applicant:

\_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_

Notary Public:

Printed Name:

My Commission Expires \_\_\_\_\_

\_\_\_\_\_

\*Note: O.C.G.A. 50-36-1 (e) (2) requires that aliens under the Federal Immigration and Nationality Act, Title 8 U.S.C. as amended, provide their alien registration number. Because legal permanent residents are included in the federal definition of "alien", legal permanent residents must also provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number below:

\_\_\_\_\_  
Document Number



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**GEORGIA DEPARTMENT OF REVENUE  
OFFICIAL ADDENDUM TO BUSINESS  
OCCUPANCY LICENSE APPLICATION**



**State of Georgia Department of Revenue  
1800 Century Boulevard, Atlanta, GA 30345**

**Required Fields**

|   |
|---|
| Name of Business (Legal Name or Trade Name):  |
| Mailing Address if Different from Physical Address:   |
| Actual Physical Address of Each Location of Such Business if Different from Mailing Address:  |
| Sales Tax Number (9 digits), if Your Business is Required to Have One by Law:                 |
| Applicable North American Industry Classification System Code Number (Please list all NAICS): |

**NOTICE:**

Upon completion or refusal to complete this form by the taxpayer, the municipality or county shall provide written notice to the taxpayer that the above information will be submitted to the Georgia Department of Revenue.

The failure or refusal to complete this form by the taxpayer shall not toll or extend the time of payment established for such occupation tax or regulatory fee under Code Section 48-13-20.

In accordance with O.C.G.A. §§ 48-2-15 and 48-7-60, all taxpayer information provided on this Form shall be confidential and privileged.

In compliance with O.C.G.A. §§ 48-1-2 and 48-8-33, the Commissioner of the Georgia Department of Revenue shall collect all sales tax remitted in Georgia.

Any questions or comments regarding the collection of sales tax or this Form should be directed to the Georgia Department of Revenue at (404) 417-6758 or e-mail David.Smith@dor.ga.gov.

**An Equal Opportunity Employer**



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## **ZONING REQUIREMENTS**

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### ZONING AND PLANNING REQUIREMENTS

Zoning Classification:

Owner of Building: \_\_\_\_\_

(Attach evidence of ownership or a current lease between the applicant and owner of building)

Owner or Realty(land), if different from the owner of the building: \_\_\_\_\_

Tax Map and parcel Number of Realty: \_\_\_\_\_

Present Zoning Certification: \_\_\_\_\_

Number of Off-Street Parking Spaces at proposed location: \_\_\_\_\_

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Life and Safety Certificate Lumpkin County Fire Department:

Fire Marshal will inspect property and give an Occupancy certificate to Zoning or property owner. We must have a copy of this certificate for the Business file.

Occupancy Certificate # \_\_\_\_\_

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Home Office Affidavit:

The Zoning inspector must attach the approved In-Home Office Affidavit form.

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I certify the above requirements have been satisfied and approved to the best of my knowledge.

\_\_\_\_\_  
Zoning Administrator Signature

\_\_\_\_\_  
Date

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